

PARENTING

BARBARA BURROWS

M A G A Z I N E

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Three year old refuses potty • Teens abuse the credit card privilege
Take action against bullying (Part 4) – Trouble at School (Part 3) • Stories My Children
Love to Hear • ADD: Does It Really Exist? Part 3 – In Search of a Deficit

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Teenagers are a breed onto themselves

On a good day it could be said that teenagers are like ducks - they waddle around in a world unto themselves, eating when hungry, sleeping when tired, barely uttering a sound unless someone or something gets in their way - and then, by gawd, look out. Sometimes they are not unlike beautiful swans and other times, they behave like bulls. Most of the time though, they are pig-like and as a mother of three teens, I am constantly reminded of just how easy, carefree and messy the life of a farm swine can be.

The teen is exceptionally clean. But then again, so are those big pig bodies after a long nap and hose down. Teens are known to shower twice a day, take hours in front of the mirror to make sure they look just right, spend every cent they have (and some they borrow, beg or steal from friends and unsuspecting parents) on clothes and will run full washer and dryer cycles for one pair of totally cool jeans. All of this is good and don't get me wrong, I like farmyard animals. I just never thought the rooms my kids' keep would require a warning sign, gate and shovel.

I like to think our house is pretty tidy. I try to keep ahead of the dust bunnies. The carpet under my piglet's bed however, is a different colour from the rest of the room. At the paint store it might be called something earthy like Early Morning Sand and I am convinced the watch she lost is hiding in the sand. I rarely leave dirty dishes in the sink. On the occasion when I run out of kitchen glassware, I just venture upstairs with a tray and collect what I need.

Since they have more time in the summer, I feel I can start ranting about the mess. I do give the whining swine's fair warning - "Either you clean up your rooms before you go to camp or I will." And while pigs might not look deaf, they sure don't listen very well.

My youngest porcine is honey bacon sweet. She nods and smiles

at me and tells me convincingly that she has everything cleaned up. Imagine my surprise when I hauled out a green bag full of a wide assortment of lost treasures including candy wrappers, discarded school projects, old notebooks and a textbook that I paid for because I was told quite clearly it was "forever lost". I found my much loved sewing scissors that had been missing for months, a roll of Xmas wrapping paper in the sand from under the bed and five odd socks which will soon be reunited with the matching five residing in the single partner sock bin.

The male porcine species is not so predictable. Big and strong, they tend to make their own rules when it comes to pen living. Our teen boy piggy prefers to step through the piles of laundry rather than put it away. He can't remember to pick up his wet bath towels or dirty clothes that also

live where they drop. By the end of a few days it's hard to tell the wet (but clean) laundry from the dirty (but dry) laundry. By default it all gets tossed into the hamper for the lead farm hand who screams loudly (but no one listens) and when pushed to the brink, goes on strike. When this happens, all the animals on the farm looked shocked and start to panic. The usually proud, confident, big, strong male squeals the loudest. "Hey, what am I gonna do? I don't know how to do the laundry."

Once they leave, it is with an overwhelming sense of horror that I open the stalls to clean out the pens and I spend the day tidying, cleaning and vacuuming. Bottom-line is, teenagers are born human but it doesn't last. Despite our best efforts some do go to market, some stay home, some eat roast beef and some eat none. But one thing I know for sure - my little piggies are going to be very surprised to see their rooms when they get home!

What's Up?



ANGELA GREENWAY
Managing Editor

Angela

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DEAR BARBARA

Three year old refuses potty

Dear Barbara

My granddaughter who is going to be 3 in October does not want to sit on the potty or wear panties. My daughter is pulling her hair out. Could you forward any information on toilet training that I can pass onto her?

Dear Grandmother

Questions on toilet training come up so frequently, and there is always more to say on the subject. I reviewed three reputable authors - "Toddlers and Parents" by T. Berry Brazelton, "Your Baby and Child" by Penelope Leach and "Toddlers and their Mothers" by Erna Furman for their views on toilet mastery. All three are very clear about waiting until the child shows an interest in being clean and dry, otherwise it can become an area where the toddler withholds, or messes to have negative power over the parents.

Erna Furman offered the most comprehensive discussion and explains not only about the child's physical impulses to let go of urine and feces, but what goes on in the child's mind that readies him to take control over this part of his functioning. She talks about the messy, uncooperative urges that children have at this stage. Instinctively, during the toddler years, there is a powerful urge to make messes - either by pooing or wetting, making messes with toys or belongings, or getting into things. Toddlers mess with make-up, powder, cream, food products etc.. Mothers are often the most in tune with this "messy" part of their child (others might not notice it as much), and it can cause them to become very angry, very quickly. We call it "the terrible twos!"

When a child is able to gain control of his urge to be

messy - and this is a huge undertaking for a toddler - the child can gain control of bowel and bladder. It can help to discourage messy playing such as finger painting etc., especially if the child becomes excited during messy play. Encourage more neutral play activities, where there is less excitement. This can help toddlers move towards wanting to be clean, rather than messy.

Brazelton encourages parents not to register disgust about the child's urine and BM, but Furman says that one way the child develops a wish to be clean is when the love of her messy BM changes to not liking it. When the child doesn't feel so connected to this bodily product, she will let it go, at the right time, and in the right place. Furman suggests parents say "Let's get that old smelling diaper off of you - you'll feel much better when you are clean and dry. It won't be long before you'll want to wear big girl underpants, so you can be clean and dry all the time."

Tackling this problem by helping this little girl master messy impulses will strengthen an important aspect of development, rather than simply finding a way to get her out of diapers.

There are several questions and answers on www.barbaraburrows.com about toilet training (follow column link to June 20/03, Feb. 7/03 and Oct. 25/02) that might be helpful.



BARBARA BURROWS
Director,
Barbara Burrows
Parenting

Photo by Murray Pellowe

Tip for School – Take action against bullying

PART 4

Encouraging students to report bullying/Dealing with the bully

By Cindi Seddon, Alyson McLellan, Gesele LaJoie

For more information, see <http://www.bullybeware.com/>

See Feb.; April; June 2003 issues for Part 1, 2, and 3 of "Take Action Against Bullying" in schools and some ideas of what schools might do to improve situations where bullies are problematic as outlined by Seddon, McLellan and LaJoie.

Nine year old Mark was walking home from school when a gang of bullies set upon him. His arm was broken, his money stolen, and his books destroyed. His self-confidence was also destroyed. He became withdrawn, hated to go to school and eventually had counselling to help him through the trauma. He knew the boys who had attacked him, but refused to tell who they were. He was frightened of what they would do if he told. (bullying 1991 P8)

LaJoie, McLellan and Seddon suggest that a community must build a foundation in order to start an anti-bullying program. When this is in place, children will be more willing to report bullying incidents. They suggest a steering committee made up of teachers, parents, students, support staff, community members and administrators.

This committee accepts responsibility to begin the program in the school, and the anti bullying program begins. The programme has a number of components, from identifying trouble areas in school and on the playground, to zeroing in on bullies who resist the new poli-

cies and actively defy it, to ways of getting staff, students and parents to "buy into" the concept and be on the look out for any bullying behaviour. These authors also outline a protocol for dealing with bullies - which includes a "Attitude Adjustment Course" for repeat offenders - a program that helps the bullies work hard to manage their aggressive behaviours.

They have 10 suggestions to help the victim:

1. Reassure her that she is now safe.
2. Make sure he is unharmed - give treatment if necessary.
3. Listen carefully to victim's side of story.
4. Single incident? or recurring?
5. Assure victim bully will be dealt with by administration.
6. Ask how child would like parents notified.
7. Reassure child bully's parents will be notified.
8. Figure out what needs to happen for victim to feel safe in future.
9. Would child prefer to talk to another person.
10. Remind victim she has done nothing wrong.

One last point - make sure to check back in a day or two with the victim to see if the plan for feeling safe is working out well - and that everything is OK.

For more information on starting an "Anti-Bully" program in your area, see <http://www.bullybeware.com/>

Next issue, watch for Part 5 "Utilizing students to build a successful Anti-Bullying campaign".

GOOD BOOKS - MORE THAN A REVIEW

PARENT-INFANT PSYCHODYNAMICS

WILD THINGS, MIRRORS AND GHOSTS

Parent-Infant Psychodynamics Wild Things, Mirrors and Ghosts Joan Raphael-Leff

[http://www.ingenta.com/isis/browsing/
BrowseByPublisher/ingenta?publisher=whurr](http://www.ingenta.com/isis/browsing/BrowseByPublisher/ingenta?publisher=whurr)

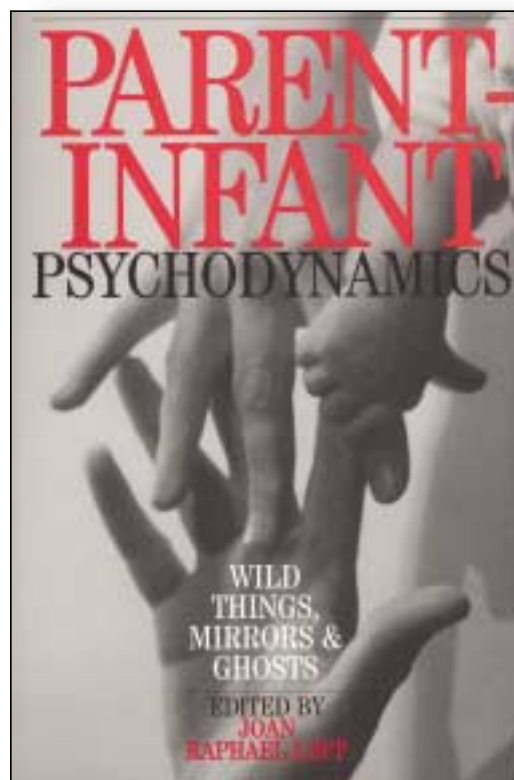
Published by Whurr Publishers Inc.
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Parent-Infant Psychodynamics is not just "another" book on mothers and infants. This is a remarkable collection of scientific papers written by dedicated pioneers in the field of healthy and abnormal psychological infant development over the last half century. Sound daunting? Actually it isn't. Joan Raphael-Leff, the editor of this book, has chosen papers written clearly, without a lot of difficult to understand jargon. This book is accessible to parents as well as professionals.

For example, Colwyn Trevarthen's paper "Conversations with a 2-month old" talks of his research at Harvard and continued later in Edinburgh, Scotland. Using video taping, they filmed babies once a week from birth to six months of age. The babies were filmed with their mothers chatting to them (no mother thought this an odd request) and with a small toy suspended nearly in front of them.

Even babies of a few weeks of age responded differently to their mother than the suspended object, and by two months, babies showed specific movements of the lips and tongue that occurs in adults during conversation. Sometimes cooing noises were made with these mouth movements. In another part of the experiment, a partial mirror was set up which allowed the baby to look into the mother's face, but the mother was answering questions posted on a board, not focusing her attention on the baby. The change in the mother's tone of voice, her different style of talking and her ceasing to react to the baby, caused the babies, in every case, to become puzzled, make exaggerated solicitation as if to get her attention back, and some quickly became dejected-looking and withdrawn. This work reinforces how remarkable communication is between mothers and babies.

Enid Balint in "Unconscious Communication" talks about how much the mother's general mood is absorbed by the infant - how alive or dead she may feel, what



**Every paper included in
Parent-Infant Psychodynamics
gives important information
that can help mothers, fathers,
grandparents and professionals
dealing with this stage of life
understand that complex factors
that help (or interfere with)
mothers and babies becoming
"tuned" to one another.**

unconscious anxieties she is experiencing - that may or may not be related to the baby. Her paper goes on to explain how traumas from the generation before can be communicated, unconsciously to the next generation and impact profoundly. She describes the psychoanalytic treatment of Kay, mother of one child, married to a professional man, who enjoyed her family, home, garden and possessions. Nevertheless, Kay experienced bouts of serious debilitating depression, which turned out, were connected to trauma experienced by her own mother. Kay's mother lost her foster family at age 2 - when adopted into a new, accepting and loving family. Kay's mother's conscious description of her adoptive family was happy, but her unconscious trauma of her first losses (her mother; her foster family) was forever embedded within her. Then her baby, Kay, was born, and the buried pain was passed onto Kay. It

impacted powerfully on Kay's life. This difficulty manifested itself, when Kay would become seriously depressed at times - particularly near her birthday (birth day). She also panicked at "losing" things. Eventually, it came to light that Kay's illness was related to her trying to cope with the deep pain of her mother's loss, embedded deep within Kay that she had "absorbed" from her own mother, also having to do with the mother's "birth" day and the mother who gave her up. Neither Kay, nor her mother were aware of how powerful the mother's loss had been in either of their lives. Years after her mother's birth loss, Kay's depressive illness was the result of her trying to master this trouble from her mother's early childhood. It was only by finally understanding how powerful this trauma had been, how it had been communicated to Kay via her mother, and the complex ways that Kay had reacted to it (guilt for her mother's pain) that Kay was able to finally get better and resolve this painful anxiety that had been embedded within her.

Some of the broad range of subjects addressed in this book are: babies crying, a bottle fed baby who clearly got all the emotional benefits of "the breast", what it means to parents to lose one twin prior to birth, parenting a baby with a birth defect, understanding the language of babies, sleep problems of babies and young children, and the effects on the mental health of a mother who gives birth.

In every paper, I found important information not readily available in the popular parent education literature. A specific example is in Juliet Hopkins paper, "Therapeutic interventions in infancy: two contrasting cases of persistent crying". She talks about the signs of trouble in infants - sleeping problems, incessant rocking, breath-holding, persistent masturbation, head-banging and other forms of self-harm. They are susceptible to "disorders of mood", persistent crying and screaming, whining and misery, apathy and withdrawal. She also outlines a number of eating problems - failure to thrive, food refusal, and also diarrhoea, constipation, asthma, eczema, and later toilet training and speech difficulties. Hanna, a case example, was a six-month old baby, born to a schizophrenic mother, and kept in hospital for one month until foster placement. Hanna screamed, would not make eye contact and was very stiff when held by her foster mother. Her paediatrician feared this was autism - had Hanna inherited a psychotic constitution from her mother?

Continued on page 13

DOCTOR DOCTOR

Trouble at School

PART 3

By Lydia Furman M.D.

Dr. Lydia Furman is Assistant Professor of Pediatrics, Division of General Academic Pediatric, Rainbow Babies and Children's Hospital, Cleveland Ohio. She is also consultant to Hanna Perkins School in Cleveland.

"Doctor Doctor" columns, in February, April and August 2003 issues, share three children's stories that are real, and illustrate a few important points. School failure is rarely an isolated problem, and is more often the symptom of another problem. When a school cries "attention deficit", it usually means their evaluation has not revealed the cause of the child's difficulties, and further evaluation, not medication, are needed.

Medical diseases alone rarely cause failing grades. If a student continues to have difficulty, academic testing performed at school must be repeated, preferably outside the school system. Finally, if home and school are not safe places, and this must be explored directly, no amount of testing or tutoring can help. Likewise, assessment of the child's emotional functioning is crucial, because when psychological difficulties interfere, progress in learning is usually blocked.

Parents should request guidance when seeking testing or therapy. The training, experience and orientation of the evaluating psychologist or therapist are very important. It is always important to find a clinician who takes all aspects of a child's life into consideration when deciding upon the best course of action.

For earlier columns, see www.barbaraburrows.com and follow magazine link.

Case #3

A third child, eight year old Tommy, arrives because the school told mother he might need to see a neurologist or have treatment for "attention problems". Despite testing, retention for grade one, and intensive individualized instruction, Tommy is not doing well. The school system has a good reputation and staff are concerned and caring.

Tommy is occasionally up to pranks at school, and frequently doesn't seem to be listening, but is not aggressive or out of control. He is a good and well-behaved boy at home, performing chores and being helpful in a busy home with multiple siblings. Mother says he is generally healthy. He had a hernia operation at age two and snores loudly with irregular breathing at night.

He has a normal exam except for an ear infection and large tonsils. The ear infection is treated and his hearing is normal on follow up. A "sleep study," in which Tommy's sleep is monitored in the hospital throughout the night, reveals that his snoring does not cause any problems with breathing or oxygenation.

His independent educational testing confirms normal intelligence. A psychological assessment reveals numerous interfering emotional factors, including a bereavement several years ago, issues with self esteem, and questions about both an older sibling's whereabouts, and worry about his father's health. In fact, it is remarkable that Tommy has any mental energy left for schoolwork at all. His mother was able to respond kindly and sensitively to his evaluation, and therapy is beginning.



Liam and Elliott Monkman

Helping siblings to be part of it all

George Monkman
Oakville Ontario

When it came time for our second child, we wanted Liam to be part of the entire process. Liam and I went to every prenatal visit. Our doctor was very thoughtful and let Liam be her assistant during the visits. Liam helped to take my wife's blood pressure and helped to hold the device to listen to the baby's heartbeat and even held her hand when the doctor measured her belly. He would say comforting words the entire time to his mom during the exam, saying things like, "it's okay Mommy, you'll be just fine." Liam was very protective of both his mother and the baby and felt that he had an important role. Incidentally, Liam's name means, "protector".

My wife, Ann talked to Liam frequently about his new brother or sister and told him about the important role that he would play in the future. As a result, he did not really feel threatened by the new arrival. In fact, he would beam with pride as he told everyone, "I am going to be a BIG brother!" Being two years old, Liam was ever so anxious for a sibling to play with, that he would often ask his mom "Is the baby ready yet?" To his question, my wife would reply, "No, not yet but when he's ready he'll come out."

Liam came to the ultrasound visits as well and had the chance to see the first images of his brother or sister. We decided to ask the gender of the baby and learned that Liam would have a new baby brother. My wife put considerable thought into a new name and came up with Elliott. Once again, we chose to keep the name within the family and began calling him Elliott with five months left to go. Although we did not tell Liam that it was a secret, he somehow knew instinctively not to tell anyone the name of the baby. When Ann

talked to Liam about the baby, she always called him Elliott.

A few weeks after Liam turned three years old, Elliott was born. Other than me, Liam was the first family member to welcome his newborn brother. He was so happy and excited and surprisingly gentle with Elliott. He quickly accepted him into the family and took on his important role as the big brother. In the beginning, he would guard his mother and brother from all visitors and not allow anyone near them, telling them to "Go and get your own baby brother!" He helped his mother by getting diapers or bottles and playing with Elliott. Liam even fed our dog, Sam, when mom was busy with the baby.

Although there have been times when Liam has become upset because he was not getting Ann's full attention or Elliott was playing with his toys, these feelings quickly vanished when he saw how Elliott smiled every time he saw him. Both Ann and I made sure that Liam felt included in all activities involving Elliott.

The most important decision that we made early on in each pregnancy was for each of us to be involved and play a role during the pregnancy and after our sons were born.

I am planning a new tradition which I am starting this year for my birthday. I enjoy woodworking and building things so I call it my, "creating good memories with my son" time. I bought each of my sons a craft/gift which allows us to both work on a project together. They each get my undivided attention when we do their project and I hope it will be as memorable for them as it will certainly be for me. As they get older, these crafts will become more elaborate. I look forward to the days when we are building furniture together or doing some other construction project. I have already started to build small woodworking projects with my oldest son Liam.

Tip for Babies – Comfort, play & teach



The parenting and child development experts at Invest in Kids have developed Comfort, Play & Teach: A Positive Approach to Parenting—a simple approach built on the everyday activities that are part of a parent's daily routine.

Comfort is the first thing that babies need from their parents. When you comfort your infant, she learns to feel secure, loved and valued.

TIP: Crying newborns who receive a quick, warm response usually learn to cry less and sleep more at night. Remember, you can't spoil an infant by responding to her needs.

Play is the “work of children”, and you are an essential partner. When you play with your baby, he learns to explore and discover the world and his role in it.

TIP: Make play part of your everyday routine. Diaper changing, bath or mealtime offer a chance to sing a song, play peek-a-boo, or play with toys together. As you explore and laugh together you'll watch your baby develop his understanding of the world and the people in it.

Teach is how parents help babies learn. When you teach your infant, she learns how to relate to others, solve problems and communicate.

TIP: Talk to your baby right from infancy. As she hears the words you use to describe objects or events, she begins to learn about language.

When you comfort, play with and teach your little one, you open up a world of possibilities. Visit the website at: www.investinkids.ca, for more Comfort, Play & Teach ideas.



Tip for Tots – Containing the “head banging” rage of a toddler

*From “The Emotional Life of a Toddler”
by Alicia Lieberman (P 84)*

Fourteen month old Alan has learned a new word “ousside” and he stands at the door, banging, repeating his new word over and over. When he can't do what he wants by himself, like climb up into his high chair, or open the front door to go “ousside”, he may become furious, but often refuses adult help and punishes himself quiet deliberately by banging his head loudly and repeatedly on the hard, uncarpeted floor.

Although common behaviour in toddlers, we don't want to give toddlers the idea it is good to punish oneself for failure. Adam refuses to be comforted by his mother's hugs - he squirms and fusses when she tries to hold him, so she puts him in his crib. She worries that this is punitive, but stands by, talking softly and watches Alan as he bangs his head softly on the mattress and continues to discharge the motor tension in a safe place. He settles, and his positive response convinces his mother that she found the right way to sooth Alan.

Lieberman's explains that Alan's crib is a comforting container for his unruly emotions. Alan rejects his parents effort to comfort; he is a child who experiences hugging and holding as a physical restraint that it is extremely unpleasant for him when upset.

Toddlers often do respond this way - refusing parents physical comforts when they are at the height of ambivalence - simultaneously wishing to be comforted by the parent and at the same time wanting to assert their own autonomy. Lieberman explains, “The conflict may be expressed by turning against the mother or father and hitting them or pushing them away.” What helps the child most is when the parents are able to serve as the recipient of the child's inner conflict, and like Alan's mother, find a way to soothe and comfort the child respecting his strong and difficult wish to push his parents away at the same time that he needs them.

Lieberman continues, “It is better not to leave toddlers alone when they are having a tantrum. They need their parents as a secure base that will not leave them in the lurch when they are feeling alone, angry, and scared by the intensity of their emotions. If a parent can respond calmly rather than with anger or emotional withdrawal, the child's ambivalence will resolve itself in the course of development as he becomes better able to negotiate being close versus being separate and autonomous.” (P 85)

Tip for Kids – Separate deed from doer?

“I like you but not what you did or said.” This “separating the deed from the doer” is common advice for parents, but can we really separate what we do from who we are?

How would a smart young executive, having made a very careful presentation to an important consortium of business men like to hear “Jim, we like you very much, but this work is simply not acceptable.” Would a mother, having struggled through a very difficult episode with her raging three year old who wouldn't leave the park, enjoy “Sue, I really like you so very much, but I think the way you handled your child right now was not thought through carefully!” Could any of us hear such comments without feeling the sharp sting of criticism?

Our behaviour is an expres-

sion of who we are and how we are feeling at the time. Criticism of a child's behaviour is a criticism of the child and it stings a child even more than the comments in the above examples would sting an adult. The adult, although pleased to have the respect and good will of peers does not depend upon such for his security.

It is possible to manage a child's behaviour and observe reasonable limits without criticism.

A child determines his or her worth by the parent's evaluation. If the parent feels pleased, the child feels good inside. If the parent criticises the child's behaviour, the child feels badly. It is possible to manage a child's behaviour and observe reasonable limits without criticism - watch for some thoughts on this topic next issue.

Next issue - some thoughts on managing a child's behaviour



Tip for Teens – Teens abuse the credit card privilege

When teenagers abuse the parents' credit card, likely the teen is struggling with some very difficult unresolved angry feelings. Parents are furious to discover teens have taken a credit card and run up an unexpected bill. The desire to punish the teenager is strong, but punishments do not usually motivate teens to understand what went wrong. Working with the teenager to establish a plan for retribution, as calmly as possible, is likely the best way to proceed.

Does the teen have a job? If so, at what rate can they repay their bill? If the teen has no job, could they do some work for the parents? The job, the rate of pay and the standard of work required should be clearly discussed, agreed upon and written

down. Don't purposely tempt a teen who has demonstrated poor impulse control by leaving money or credit cards lying around; on the other hand, locking cash and credit cards away (unless absolutely necessary) is insulting and can make teens feel very alienated and the need to do so can make parents very discouraged. Depending on the level of impulse control the teen has demonstrated, keeping valuables out of sight is probably the most tactful way to proceed.

Working with the teenager to establish a plan for retribution, as calmly as possible, is likely the best way to proceed.

An isolated example of teenage abuse of a parent's credit card is probably not too serious, especially if the teen is remorseful and eager to make restitution; ongoing abuse would be reason to seek professional help.

F E A T U R E

Talk to your baby

Diana Mandel M. Ed.

Diana Mandell M.Ed.; Licensed Mental Health Counsellor works with mothers and their babies in Redmond Pediatric, Redmond Washington helping mothers get a deeper understanding of the emotional needs of themselves and their infants. She is married and she and her husband have two grown daughters.

For eight years I've been telling mothers in my psychoeducational support groups at Redmond Pediatrics to talk to their infants. Babies respond to the tone of a voice, to feelings, and to being included.

Years of research on infancy have shown us that infants are far more capable than we suspected. I've had many experiences talking to babies, or of having mothers do so, with amazing results. It happens enough to raise the question of how much babies really understand. The word infant means without speech; it does not mean without understanding. On the contrary; it's a time of growing understanding.

The following example will alert you to the many opportunities you have to talk to your baby. By doing this, I believe you'll enhance their emotional development and comfort.

A young mother in one group was distressed because she had to return to work for five hours a day. Her two-month-old breastfed daughter refused to take a bottle. This mother was panicked about the survival of her baby if she wouldn't take a bottle. (Though the baby would have made up for those five hours when actually with her mother.) Still, this was important for the mother's peace of mind. She described attempts to bottle feed. Her daughter turned away and vigorously fought off all efforts made by both her and her husband. It was clear that the baby knew what she wanted, and it wasn't a bottle. I suggested she gently talk to her baby's anger. Tell her simply what was happening and why the bottle was important now. Let her know that all of the hours she would be with her mother she would be able to breastfeed. She reported that it took two days of this gentle but firm talk before her daughter accepted the bottle. Chance, maybe, but it's possible something else was going on here. Maybe the baby picked up on the assurance, concern, and tone as she listened. I received a call from a mother who had been in one of my group. Her four-month-old son had begun to protest at bedtime. These protests were getting more



**The word infant means
without speech;**

**it does not mean
without understanding.**

intense, and both parents were frustrated. I suggested she talk to her son. Let him know how exciting the world has become to him and how disappointing it feels to let go and fall asleep. Three days later his mother called back. Things had improved, and not only was she talking to her baby, but so was her husband. I asked what she had said. She told him she knew it was difficult to go to sleep and assured him that everything would wait and be there when he woke up.

Too easy, you say. It's always a surprise to hear about the effectiveness of such a simple and loving method. Babies vary greatly in their behavioral styles. Because of these dif-

ferences this method may work well for some infants, but not others.

When I started doing these groups, I recall a mother telling me the following: One night she was putting her baby back into the bassinet. It was the early months and she was exhausted. She felt she had been physically rough with the baby. Her touch wouldn't have been considered abusive, but it was of a careless, less considerate fashion. She had then had some strong feelings that her baby felt this mishandling. She decided that no matter how tired she was, she needed to manage it differently. Can we prove that her baby registered this treatment? Though we can't if the baby doesn't say, it would be unlikely for the baby not to feel it. Babies can be like tiny feeling sensors, as this is how they read their world.

We also identify with our babies. This identification comes from maternal and paternal sensitivity, heightened vulnerability, and some deep memory traces of our own infancy. On some level, because we were all once infants, we do remember. Having memories enhances parenting.

A seasoned mother told me that when her youngest was five months old, her baby would suck her thumb after nursing and seem to be thinking deeply. The mother started saying: "A penny for your thoughts?" to her baby. This continued for months. When the child was two, the first gift she gave to her mother happened to be a penny.

When my first child was four months old my beloved grandfather died. We'd planned a trip to see him, and it was just weeks before this trip that he passed away. I was so distraught with the news that I sat down, put my daughter on my lap, and put on some music. I told her about her great-grandfather and about my sadness. On that particular day we sat together and listened to music for hours. Did she understand what I had shared? She understood enough to allow me time to sit with my feelings.

One last example is that of a mother who described what it was like taking care of her two-month-old colicky son. She noted the way he looked to her, though she wasn't able to take away his pain. She felt his helplessness and intense distress. He was coming apart, she said. When she finally settled him down she felt wiped out. I told her that although she couldn't relieve him, she could talk him through it. The following week she shared, "I put into words what was going on inside of him as best I could. I told him how badly I felt that he hurt like this. I told him we

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F E A T U R E

ADD: Does it really exist?

PART 3

by Thomas Armstrong, Ph.D.

Thomas Armstrong, Ph.D. is a psychologist with a special interest in multiple intelligences, the myth of ADD/ADHD, and the natural genius of kids. He is also an award-winning author and speaker with thirty years of teaching experience from the primary through the doctoral level, and over one million copies of his books in print on issues related to learning and human development. For more information, see <http://thomasarmstrong.com/>

Part 1 and 2 of this series appears in Barbara Burrows Parenting in April, June, 2003 (www.barbaraburrows.com) and the final part will appear in October 2003.

In Search of a Deficit

Even if we admit that such tests could tell the difference between children labeled ADD and "normal" children, recent evidence suggests that there really aren't any significant differences between these two groups. Researchers at the Hospital for Sick Children in Toronto, for example, discovered that the performance of children who had been labeled ADD did not deteriorate over time on a continuous performance task any more than did that of a group of so-called normal children. They concluded that these "ADD children" did not appear to have a unique sustained attention deficit.

In another study, conducted at the University of Groningen in the Netherlands, children were presented with irrelevant information on a task to see if they would become distracted from their central focus, which involved identifying groups of dots (focusing on groups of four dots and ignoring groups of three or five dots) on a piece of paper. So-called hyperactive children did not become distracted any more than so-called normal children, leading the researchers to conclude that there did not seem to be a focused attention deficit in these children." Other studies



have suggested that "ADD children" don't appear to have problems with short-term memory or with other factors that are important in paying attention." Where, then, is the attention deficit?

A Model of Machines and Disease

The ADD myth is essentially a paradigm or world view that has certain assumptions about human beings at its core." Unfortunately, the beliefs about human capacity addressed in the ADD paradigm are not terribly positive ones. It appears as if the ADD myth tacitly endorses the view that human beings function very much like machines. From this perspective, ADD represents something very much like a mechanical breakdown. This underlying belief shows up most clearly in the kinds of explanations that parents, teachers, and

professionals give to children labeled ADD about their problems. In one book for children titled *Otto Learns About His Medicine*, a red car named Otto goes to a mechanic after experiencing difficulties in car school. The mechanic says to Otto, "Your motor does go too fast," and he recommends a special car medicine.

While attending a national conference on ADD, I heard experts share similar ways of explaining ADD to children, including comparisons to planes ("Your mind is like a big jet plane ... you're having trouble in the cockpit"), a car radio ("You have trouble filtering out noise"), and television ("You're experiencing difficulty with the channel selector"). These simplistic metaphors seem to imply that human beings really aren't very complex organisms and that one simply needs to find the right wrench, use the proper gas, or tinker with the appropriate circuit box - and all will be well. They are also just a short hop away from more insulting mechanical metaphors ("Your elevator doesn't go all the way to the top floor").

The other feature that strikes me as being at the heart of the ADD myth is the focus on disease and disability. I was particularly struck by this mindset while attending a workshop with a leading authority on ADD who started out his lecture by saying that he would treat ADD as a medical disorder with its own etiology (causes), pathogenesis (development), clinical features (symptoms), and epidemiology (prevalence). Proponents of this view talk about the fact that there is "no cure" for ADD and that parents need to go through a "grieving process" once they receive a "diagnosis". "ADD guru Russell Barkley commented in a recent address: "Although these children do not look physically disabled, they are neurologically handicapped nonetheless.... Remember, this is a disabled child." Absent from this perspective is any mention of a child's potential or other manifestations of health - traits that are crucial in helping a child achieve success in life. In fact, the literature on the strengths, talents, and abilities of children labeled ADD is almost nonexistent.

OUR READERS SHARE

A terrifying fight in the classroom

By CJM

(The author of this story chooses to remain anonymous to protect the identity of the students, whose names have been changed!)

I see myself more as a “facilitator” than “teacher” of adolescents. It is exciting to witness the diversity of ideas generated by a body of students who are engaged wholeheartedly in learning. What initially drew me to change careers at age 40, from “designer” to “teacher”, was my desire to motivate students to think, create, learn, and feel good about themselves. However, students need to feel good about themselves in order to find success in thinking, creating and learning.

I have come upon experiences that I never dreamed of - for example two angry young women exploding into a vicious fight in my Grade 10 English Class.

If a young person is plagued with a lot of problems and worries, it is difficult for information to penetrate, or ideas to be generated. To further compound this, the student who is bogged down with unresolved family issues, feels frustrated because he/she falls behind in school. Lack of success at home, with family or friends, in addition to school, can cause some young people to “act out” in order to relieve some of the pressure. And, you don't know when and where this will take place and sometimes “who” is going to explode.

As a new teacher, I did not receive any training in regards to how to stop a fight between students in a classroom. It was my mothering instincts, perhaps, that helped me recognize the basic need (comfort? love?, non-judgmental love?...despite the fact they were “acting out”) that was missing from two, angry young women in my class. I was teaching grade 10 English in a portable, which was situated adjacent to the football field, and parking lot. We were not a classroom in a school, but rather a classroom out in the field. I wonder sometimes if this had any bearing on the incident that took place, (it is possible that students may take more risks knowing that there is more distance between administration and our portable than the other classrooms that are closely situated within the school) in the fall of my first year of teaching.

When Rita arrived to my class in September, I could see that she was suffering from emotional pain. She was 17, (two years older than her classmates), arrived late to class regularly, and basically rebelled against any school rule, or authoritarian figure for that matter. What I didn't know about Rita, was that she had been previously charged with assault on two separate occasions. Rita had no support from family, because she lived on her own in an apartment in town. I gave Rita “space” and positive attention and chose to downplay and redirect her minor displays of rebellion into something more productive. For example, she had been suspended for swearing at and defying a teacher's request for Rita to remove her hat in class. (students are not allowed to wear hats/head gear in the school). Following this suspension, she continued to wear her hat



when she arrived to my class. Instead of calling out to her to remove her hat as soon as she entered the door, I motioned her with a hand gesture to remove her hat, while I greeted her. When she chose to ignore me (I guessed she was feeling lousy and wanted some attention), I approached her (in a non-threatening manner) and asked her to remove her hat in a calm (and approving?) voice while inquiring about how she was doing, etc. I then (moved on) addressed the class with the “agenda” for the period. At this point, she removed her hat. I realized that there are bound to be visible wounds on someone who was in so much pain. She wasn't the only unhappy adolescent in my classroom who was teeming with suppressed anger. In this class of 32 diverse students, was another young woman, Sara, who had serious family and anger management issues. I had no idea, at the time, that this student had a history of “fighting” and a hair trigger rage. So when I turned momentarily to write something on the blackboard, I wasn't alarmed when a (minor) verbal exchange took place between Sarah and another boy in the class. The male student was offering an opinion which related to a story I had just finished reading aloud. In hind sight, I did sense an increasing level of frustration emanating from Sarah within a few short minutes. When she snapped at the boy to be quiet, Rita, who was slumped in her front seat position, interjected “Just leave him alone”. That did it.

Sarah leapt up from her seat and challenged Rita to a fight. While the rest of us were stunned frozen, two miserable girls (who did not know each other) “engaged” in a bloody war. It was emotional pain that “engaged” these two. I shouted at them to stop, and even tried to pry the two tall and muscular girls apart. My attempts to disengage the two from their boxing match proved to be ineffectual. Seconds passed and instinctively, I realized that I needed to make sure the

remaining students were safe, while I called the office for help. I directed the speechless spectators to line up along the classroom walls. I sent a student to alert the office, while I requested help over the intercom. I called upon a very strong, reliable male student to help me calm the girls down. They were stronger than us physically, so we continued to try to deescalate the girls with our calm, verbal reasoning. It wasn't until the girls dropped to the floor, kicking each other on their sides with a fistful of hair in hand, that I saw how vulnerable and frightened they were. I crouched down in front of them, and placed a hand reassuringly on both Sara and Rita's faces. I stroked their hair, and clasped their hands, hoping their steadfast grips would slacken. Trance-like, I calmly told them how beautiful and intelligent they were, never releasing my hand from their heads and arms.

Their vigorous movements became slower and calmer, until they released their grips and stopped kicking altogether. They jumped up on to their feet and continued the assault “verbally.” I needed to separate the two, so I directed one of them out the door. The other girl followed. They staggered out, together, towards two VP's, the Principal, and guidance counsellor who were responding to our call for help.

The girls were suspended; Sara received the longer suspension of the two because she “started” the fight. I phoned Barbara Burrows following the incident to see how I could help my class deal with the aftermath, and reintegrate Sara and Rita, safely, into the classroom. I wanted to learn effective strategies to prevent this from occurring in my classroom again.

Barbara suggested that students write reflections about how they felt while they stood watching helplessly; they didn't have to sign their name, nor did they have to submit it to me. Barbara related some valuable advice regarding “anger and self-control” that I use regularly in my classroom today. She suggested that if a fight is about to break out, or someone is about to “lose it”, it can help to reassure them that they are still in control, and commend them for “maintaining” self-control. Once a person feels that they have totally “lost” control, it is harder for them to gain it back. She further suggested that I empower both girls to leave the classroom whenever they felt anger building inside them; all that was required of them, was to raise a hand to signal that they needed “time out”. Sara used this strategy throughout the semester; she would signal, then tell me exactly where she would be in the school, in case the administration or I needed to contact her.

An amazing bond between Sara and I, and Rita and I resulted from this incident. Immediately following the fight, the administration told me that both girls were concerned about me, and inquired how I was doing. They both approached me in the office later, and apologized. Throughout the semester Rita often stayed in after school to share her poetry with me, and slowly disclosed much of the personal challenges she was faced with. On the last day of classes, Sarah gave me a hug and said that she hoped I would be her English teacher next semester.

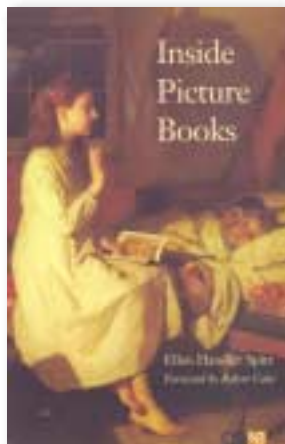
LETTERS

From the author of *Inside Picture Books*

Dear Barbara,

Thank you so much for that lovely, sensitive review of my book. I am honoured. Just glancing over your own work, I see that you are doing and writing and finding wonderful treasures for parents.

I would like very much to share an experience with you because I think you will understand. This past term (I am now at the University of Maryland, not in California at Stanford any longer), I taught a very intense seminar for sixteen students called "Art and the Cultures of Childhood." My students were mainly undergraduates, but the youngest was barely nineteen and the eldest had just turned fifty. They read all sorts of things with me—Aries and Fraiberg and Bettelheim and Erikson and some of my own work and Tatar's edited collection of fairy tales and so on. We also saw a number of films and children's television programs. Throughout the semester, they wrote short response papers, and always I encouraged them to dig deeply into their own childhoods. To my astonishment, no fewer than three students reported independently to me that over the course of the term their relationships with their own parents had significantly improved and that they had begun to feel much closer to them than before. They told me that they were phoning home asking what they had feared at night when they were little, what dreams their parents could remember them having, what stories they loved best. For their final projects, I gave them the opportunity to be imaginative, and some created picture books for young children with texts that described their processes of deliberation. These projects all passed through several stages with feedback from me along the way.



One was made by a student in her late 20's whose mother is now dying of cancer. The student has a married sister and a small nephew named Mason who is about four years old. Her book was written (illustrated with color photographs) and photographed from the little boy's point of view, which she captured with exquisite sensitivity. The book describes the relationship this child has with his grandmother (my student's mother) to whom he has given the nickname Elmo, and it is a profound affecting work. Little Mason tells us what he loves about his Elmo—the way he snuggles with her and how she bakes delicious ooey-goey chocolate chip cookies for him and gives him permission

to do things that imply trust and confidence (such as walking her doggies all by himself). Then, the child notices that his grandma has begun to wear a hat all the time, that she must put her feet up, that she yawns a lot, and he is told that he must be gentle when he hugs her. He misses her during the periods when visits cease. One day his mother (my student's sister) takes him to a store to buy a present for Elmo, and he decides upon a special teddy bear that can be programmed with a recording. Asked what he wants to have the bear say, he promptly responds: "I love you, Elmo." Bears must have names; so he decides to call the bear "Lucky." On the next page, Mason brings the bear to Elmo, shows her how to squeeze its foot so as to make it speak, and when the bear speaks in his own voice, he watches her face intently to see whether she likes it. He smiles at the pleasure it brings her. After listening to the bear, Elmo responds in kind with the words "I love you too, Mason."

This is the last page. Unfortunately, I cannot describe the artistry of the book, but I know you will be able to imagine it. It brought tears to my eyes.

And projects by other students did as well.

For the final day of my class, I told the students that it is important in all traditions to eat together, and I asked each one to bring in (to share) some special food from their own childhoods that they particularly loved and then to tell us all about it. We had such a wonderful time. I was as sad when the term ended as when I was a little girl and cried at the end of each school year to realize that I would be losing my teacher!

Anyway, Barbara, I thought somehow that you would understand this.

Ellen Handler Spitz

(author - *Inside Picture Books* - review appears at www.barbaraburrows.com - magazine link - June 2003)

OUR READERS SHARE

Stories my children love to hear

By Lynda Slomka
Hamilton, ON

The work of Ellen Handler Spitz, and her book "Inside Picture Books" (Barbara Burrows Parenting Magazine June 2003) brings to mind the stories I've told my children that seems to help them on many different levels. My older son James was about 2 years old when I told him his first story. We had read many picture books together by then but when I held him in his rocking chair with no book in hand, and "spoke" the story I had invented just for him, he became transfixed. The tale I conjured up was intended to simply delight him. He adored tractors, excavators, front-end loaders and other big-wheeled vehicles so they became my inspiration. I then added a boy very much like my son - same age, hair colour, etc. and he became the central figure. This was the true pleasure of the story for him. The fictional boy was able to operate the trucks and tractors doing things that were beyond the scope of a toddler.

After James requesting this story many times I decided to branch out a little and develop some other themes. When James had difficulty leaving me to go to sleep at night, I told him about a boy who didn't want to go to bed. A rather large bird appeared on his window sill one night and offered to take him for a ride. He hopped on the bird's back and soared through the night sky, over the houses and treetops. The boy realized everyone was asleep but him and it was rather lonely outside. He desperately wanted to go back to his bed and sleep so he could be awake in the morning and play with his friends. James was usually ready to go to bed at this point. So yes, there was something in it for me.

James now has a little brother Liam who has his own requests for stories. He fights fires and battles bad guys through his story "hero". He also asks for stories about things he is struggling to understand. He broke his leg recently and on the surface seemed undisturbed. One day he came across a tree in a forested area that had fallen over. He asked for a story about the "broken tree". I didn't make the connection at the time, so I told him how a windy storm with lightning could have broken the tree. All the other trees were sad that the tree fell over, but they looked around and saw new young trees sprouting up and that made them feel happy. Liam asked for this one many times. Weeks after his cast has been removed, if he sees a broken tree, he wants to hear it yet again. (Once I clued into his curiosity about what happens to a tree after it breaks, I did tell him how his leg would heal, unlike the tree.)

I've found storytelling to be a wonderful way to connect with my children, even when there isn't a curative or moral intent. It isn't easy. I have to really stretch my imagination to make a story flow, adding details that will resonate with them. I once heard that one of the great things about telling a story to kids is that they get to see something of the struggle it takes to create something. They can identify with that feeling in you, as you make your best effort to "do it well" from their own efforts and challenges. What I like best is that you get to snuggle close, look into their face filled with anticipation, and make their eyes sparkle with joy.

GOOD BOOKS - MORE THAN A REVIEW

PARENT-INFANT PSYCHODYNAMICS WILD THINGS, MIRRORS AND GHOSTS

Continued from page 4

Hanna's new foster mother, with two children of her own, was beside herself with this baby who would scream daily, sometimes up to four hours and was very difficult to comfort.

The foster mother sought a psychological evaluation. Careful exploration of the foster mother's feelings towards Hanna, her wish to be able to help her, her worry that her own mother and husband's predictions that "three children would be too much", her despair that she wasn't the good mother she thought herself to be, and her worry she was failing with this child turned out to be very important.

It was also important to explore that Hanna's needs were very different than her two natural children. Things changed dramatically after that consultation. Hanna began to smile, look at her foster mother and generally started to become part of the family. What made the difference? Once the foster mother was able to articulate how upset she had been, and face her underlying anger and sense of failure, this helped her see Hanna in a different light. Once she was relieved of her burden, she was less determined that she could "cure" Hanna. Hanna was not able to make eye contact with her foster mother until the mother could see her through more accepting eyes. Hanna was able to settle down, and move forward in positive development, when her mother got more in touch with her own worries of failure, resentment and anger. Then she could become more aware of the needs of the infant.

In this review, I've touched on three of the 23 papers included in this book. Every paper included in Parent-Infant Psychodynamics gives important information that can help mothers, fathers, grandparents and professionals dealing with this stage of life understand that complex factors that help (or interfere with) mothers and babies becoming "tuned" to one another.

Talk to your baby

Continued from page 8

wouldn't leave him alone." She then added with relief that the panic had left his face. This is a profound result. These few examples show what may happen with simple, caring, and attuned communication. Treating babies with respect comes naturally for so many devoted parents. This is another dimension to engage in. How might this relate to research on infancy? In the second edition of a brochure entitled Starting Smart, published by Zero to Three and The Ounce of Prevention Fund, the following appears:

Researchers found that when mothers frequently spoke to their infants, their children learned almost 300 more words by age two than did their peers whose mothers rarely spoke to them (Huttenlocher et al., 1991; also, Hart and Risely, 1996). Furthermore, studies have suggested that mere exposure to language such as listening to the television or to adults talking amongst themselves provide little benefit. Rather, infants need to interact directly with other human beings, to hear people talking about what they are seeing and experiencing, in order for them to develop optimal language skills. Unfortunately, many parents are under the mistaken impression that talking to babies is not very important because they are too young to understand what is being said."

I suggest that the increased vocabulary reported here becomes a secondary motivation to that of the primary importance of human interaction. I know these kinds of communication build trust and enhance a sense of security in given situations, along with furthering emotional development. In time researchers may be able to show early comprehension at these most rudimentary stages.

There is an embedded parenting style in our culture that doesn't promote talking to babies. This is changing. I hope I've given you reasons to believe in the advantages of talking to your infants and becoming part of this positive change.

Barbara Burrows Parenting International Advisory Board

Advisors to Barbara Burrows are professionals with extensive experience in both clinical work and research in child development. They are committed to helping families resolve the underlying difficulties that lead to psychological symptoms in children, without the use of medication wherever possible.

The members of the advisory board contribute articles to the magazine on a regular basis, and oversee the professional integrity of articles published in the magazine.

This advisory board insures that material printed in Barbara Burrows' publication reflects the body of knowledge developed by child psychoanalysts, together with developmentalists (attachment theory, developmental neurobiology and infant research).

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Barbara Burrows Parenting Magazine expresses deepest gratitude for the support of Dr. and Mrs. Furman during their illustrious careers.

Erna Furman 1926 - 2002

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